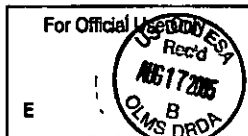


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - <u>9337</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / 2004 Through <u>12</u> / <u>31</u> / 2004
3 Name and address of person filing Name <u>Sam</u> <u>H</u> <u>May</u> P O Box, Bldg, Room No, if any Street <u>503 Westfield Place</u> City <u>Jasper</u> State <u>Tennessee</u> ZIP Code + 4 <u>37347</u>	4 Name, file number, and address of labor organization Name <u>International Brotherhood of Boilermakers</u> Labor Organization File Number <u>000-074</u> P O Box, Building and Room Number, if any <u>Suite 570</u> Street <u>753 State Avenue</u> City <u>Kansas City</u> State <u>Kansas</u> ZIP Code + 4 <u>66101</u>
5 Position in labor organization <u>Int'l Vice President Southeast Area</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State <u>Other</u> ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Sam H May</u>	On <u>8-10-05</u> Date	<u>(423) 942-0126</u> Telephone Number

Name of Person Filing Sam May	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name Boilermakers National Funds Trade Name, if any P O Box, Bldg , Room No , if any Suite 522 Street 754 Minnesota Avenue City Kansas City State Kansas ZIP Code + 4 66101	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	11 a Nature of such dealing National Benefits: Pension, Annuity, Health & Welfare 11 b Approximate dollar value of such dealing \$7,400,000 12 a Nature of interest held or income received January 18-23, 2004 Trustee Meetings - All 3 Funds, air transportation, hotel, car rental, meals, etc. Direct Expense Reimbursement Note. Total includes breakfast & refreshments furnished by the Funds. 12 b Amount \$2,555

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4	14 a Nature of payment
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment

Name of Person Filing Sam May	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name **Boilermakers National Funds**

Trade Name, if any

P O Box, Bldg , Room No , if any **Suite 522**

Street **754 Minnesota Avenue**

City **Kansas City**

State **Kansas** ZIP Code + 4 **66101**

9 Business deals with

- ☒ a Labor Organization
- ☐ b Trust
- ☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

**National Benefits
Pension, Annuity, Health & Welfare**

11 b Approximate dollar value of such dealing

\$7,400,000

12 a Nature of interest held or income received

**March 14-19, 2004
Trustee Meetings - All 3 Funds, air transportation,
hotel, car rental, meals, etc.
Direct Expense Reimbursement**

**Note Total includes breakfast & refreshments
furnished by the Funds.**

12 b Amount

\$949

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State ZIP Code + 4

14 a Nature of payment.

13 b Is the Business an Employer ☐ **or Consultant** ☐ **?**

14 b Amount of payment

Name of Person Filing Sam May	File Number U-
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name Boilermakers National Funds Trade Name, if any P O Box, Bldg , Room No , if any Suite 522 Street 754 Minnesota Avenue City Kansas City State Kansas ZIP Code + 4 66101	9 Business deals with <input checked="" type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4 	11 a Nature of such dealing <div style="border: 1px solid black; padding: 5px; min-height: 80px;"> National Benefits Pension, Annuity, Health & Welfare </div> 11 b Approximate dollar value of such dealing \$7,400,000
12 a Nature of interest held or income received <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> September 18-23, 2004 Trustee Meetings - All 3 Funds, air transportation, hotel, car rental, meals, etc. Direct Expense Reimbursement Note Total includes breakfast & refreshments furnished by the Funds. </div> 12 b Amount \$1,290	

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name Trade Name, if any P O Box, Bldg , Room No , if any Street City State ZIP Code + 4 	14 a Nature of payment <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13 b Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment